PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 07/2021)

FEB 2 9 2024

FOR THE DISTRICT OF TEXAS TERM DISTRICT OF TEXAS
DIVISION DEPUTY CLERK
Plaintiff's Name and ID Number
Place of Confinement SA24CA0218 XI (Clerk will assign the number)
v.
Defendant's Name and Address New Braunfels, Tx 78130
Malk Beunskly 3000 IH 35S Defendant's Name and Address New Brownfely, 7K 18130
Officer Perez 3395 2000 IH355
Defendant's Name and Address New Broundels TX 78130
(DO NOT USE "ET AL.")
INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

- 1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
- 2. Your complaint must be <u>legibly</u> handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, <u>DO NOT USE THE REVERSE</u> <u>SIDE OR BACK SIDE OF ANY PAGE.</u> ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
- 4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

- 1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$52.00 for a total fee of \$402.00.
- 2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed in forma pauperis. In this event you must complete the application to proceed in forma pauperis, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed in forma pauperis and the certificate of inmate trust account, also known as in forma pauperis data sheet, from the law library at your prison unit.
- 3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal in forma pauperis, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed in forma pauperis, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$52.00 administrative fee does not apply to cases proceeding in forma pauperis.)
- 4. If you intend to seek in forma pauperis status, do not send your complaint without an application to proceed in forma pauperis and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

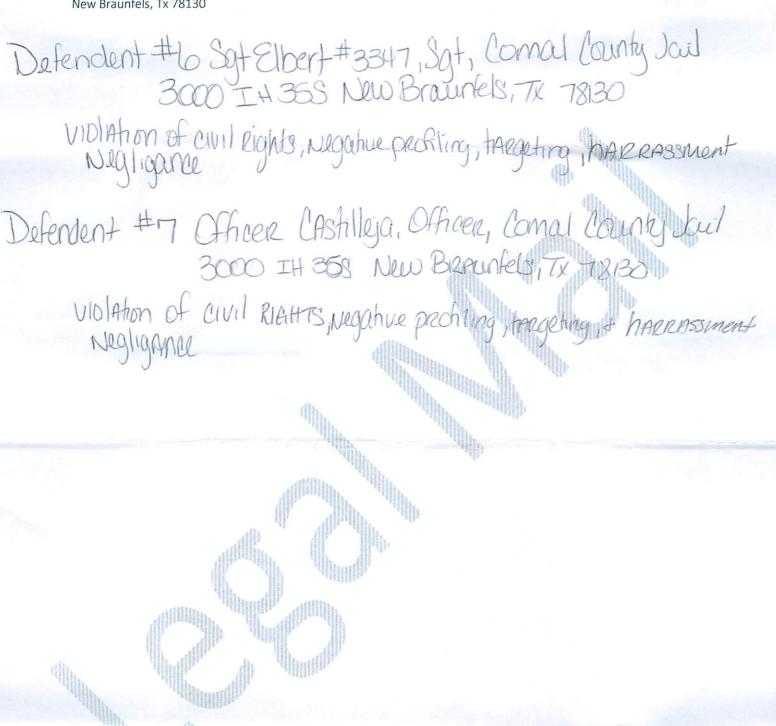
It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREV

EV)	IOU	JS LAWSUITS:
A.	На	ve you filed <i>any</i> other lawsuit in state or federal court relating to your imprisonment? <u>X</u> YESNC
B.		your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one vsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
	1.	Approximate date of filing lawsuit:
	2.	Parties to previous lawsuit:
		Plaintiff(s) EV SOLA OUMTO
		Defendant(s) Corr Health, Comal County Jail, MARK Reynoldd
	3.	Court: (If federal, name the district; if state, name the county.) Western District of Texas
	4.	Cause number: (ASO #5504-CV - 0005) -) KP
	5.	Name of judge to whom case was assigned:
	6.	Disposition: (Was the case dismissed, appealed, still pending?)
	7.	Approximate date of disposition: JONUAN 11, 2004

m.	EXHAUSTION OF GRIEVANCE PROCEDURES:
	Have you exhausted all steps of the institutional grievance procedure? Attach a copy of your final step of the grievance procedure with the response supplied by the institution.
IV.	PARTIES TO THIS SUIT: A. Name and address of plaintiff: COMM CUNTY JOURNAL SUIT: SOOD IN 355 New Browness IX 18130
	B. Full name of each defendant, his official position, his place of employment, and his full mailing address. Defendant #1: COMO COUNTY OUR 3000 IN 355 NOW Brown FCK, TX 78130 Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. NOW PROTING, VIOLATION OF CAN RIGHT, NORTH TO PROTING, TO ACCOUNT TO THE PROTING OF CANALOGY. Defendant #2: MARK Payrolds, Sport Canalogy County In Account to the county of the c
	Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. NO CONTROL HILL 3395, Correction Officer, Completing and The Address of the State
	Defendant #4: Soft and Haynes 3319 Semant, Comal Caunty but Brown before the act(s) or omission(s) of this defendant which you claimed harmed you. Defendant #4: Soft and Haynes 3319 Semant, Comal Caunty but Brown by Transport Town County but Brown by Transport Tran
	Defendant #5: CPI amy all 3375, CPI, Comy County Joul Scoo It 355 New Braunfels, The 7830 Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. NAVIEW WHIT NICHMAN, DOUBLE OF LINEARY OF CIVIL PIGHTS, NOOPHAR TORSE HO

Ersala Jarmon 650979 3000 IH 35 S New Braunfels, Tx 78130



V.	STATI	EMENT	OF	CL	AIM:
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	State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how <u>each</u> defendant is involved. <u>You need not give</u>
	any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number
	and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the
	complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY
	STRIKE YOUR COMPLAINT.
	I have been incorporated in Comal County buil sine July 12, 2003.
	I mue been nurascal, probled targeted unjustly prinished my
	CIVIL RIME along unthe contracted by
	rubigal of dual paince and I have more valued ranked or
	2010000 states of Alexandre de la
	Several organis. There have been reveral events during my
	Story where as multiple decisions employed by romal during
	activities perturbated in my pointive treatment including
	Divinional Livings
	1941411 9746.
	J W
VI.	RELIEF:
V 1.	
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or
	statutes.
	Monetany Compensation, Raining
	
VII.	GENERAL BACKGROUND INFORMATION:
	A. State, in complete form, all names you have ever used or been known by including any and all aliases.
	ERSAIA I Donta Demon
	B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.
	Comal Parabellosmana Harris Prembi MIZZUUM Anto Vail "Intropun"
	Comal County 1050979, Hanew County 01724400, State Soil "Unknow"
VIII.	SANCTIONS:
	A. Have you been sanctioned by any court as a result of any lawsuit you have filed?YESNO
	B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)
	1. Court that imposed sanctions (if federal, give the district and division):
	2. Case number:
	3. Approximate date sanctions were imposed:
	4. Have the sanctions been lifted or otherwise satisfied?YESNO

Ersala Jarmon 650979 3000 IH 35 S New Braunfels, Tx 78130

Perez # 3395

8/15 . Shook Daw

· Knocking on dove staking in

8/16. glievanced about horizonsment took renders and called contraband but allow trade of coffee and tee show

8/22. hour in total

· NOT fled dinner thru

· moved into another do an (superation)

8/25. Whote up be inching a hatt · Neuer insurred Nor spoken too about anything

· disreputance in a facility

8/18 - a rievance on how he allowed me to be harpassed

8/18. How asking to speak to RANK about buying meds.

· now can so get punished for doing nothing

8/25. Dut in over 8 grievances over the weekend + how asked to

Sound to early and denied 3/30. about an officer putting his hands on me + told (Elbert) saw. nothing, a duffrent of icer show a try. How I follow orders and their night to be prosound on reconding allowing dufferent

4/16 wasn't transported to court,

alin about being disciplimed (3 black Indies) + found ment innocent 9/19 from write-up but already toproperted and marrassed

9/23 - grievance addressing his lies

27 - Stopped taking My grievance forms nauble 8/30 grant have mic on when I was applosed by officer Castillyo

33/9 Case 5/21-cy-00218-XR Docsument Whited 02/29/24 Page 7 of 51 3000 IH 35 S New Braunfels, Tx 78130 Office Castilleja # 3321 8/16 · Took some glasses from me without word for another annate 8/25 · Put his hards on me when my hards were on the backs following orders Third to put some Hoosh on me in my Roomland blame 9/22 · refused to tern in my forms · refused RANK every time I Colk · told me to do him a force arright in separation because he finally got me help affect 18 hier from almost dying from allergy.
· told me I was tradique

		×1
C.	Has any court ever warned or notified you that sanctions	could be imposed? YES_NO
D.	If your answer is "yes," give the following information for (If more than one, use another piece of paper and answer	
	1. Court that issued warning (if federal, give the district	and division):
	2. Case number:	
	3. Approximate date warning was issued:	
Executed	on: February 26,2024 DATE	Evala Jamon
		(Signature of Plaintiff)
1. 2. 3. 4.	I declare under penalty of perjury all facts presented in tand correct. I understand, if I am released or transferred, it is my recurrent mailing address and failure to do so may result I understand I must exhaust all available administrative I understand I am prohibited from bringing an in forma pcivil actions or appeals (from a judgment in a civil a incarcerated or detained in any facility, which lawsu frivolous, malicious, or failed to state a claim upon whimminent danger of serious physical injury. I understand even if I am allowed to proceed without prefiling fee and costs assessed by the court, which shall be inmate trust account by my custodian until the filing fee	esponsibility to keep the court informed of my in the dismissal of this lawsuit. remedies prior to filing this lawsuit. remedies lawsuit if I have brought three or more action) in a court of the United States while its were dismissed on the ground they were nich relief may be granted, unless I am under payment of costs, I am responsible for the entire deducted in accordance with the law from my
Signed this		, 20 <u>O4</u> . (year) Esala Janmon
		(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

COMAL COUNTY SHERIFF'S OFFICE

CORRECTIONS DIVISION



TO: JARMON, ERSALA DONTA

SPN: 650979

FROM: SGT. EBERT - DISCIPLINARY CHAIR

REF: HEARING FOR INCIDENT(S) OCCURRING ON: 08/22/2023

- 1. DISRUPTION OF ANY INSTITUTIONAL ACTIVITY
- 2. INCITING A FIGHT
- 3. REFUSAL TO FOLLOW WRITTEN OR ORAL DIRECTIVES

You will have a hearing heard by the disciplinary board on or around 09/15/2023

I, <u>JARMON, ERSALA DONTA</u>
(Circle One) <u>WILL/WILL NOT</u> ATTEND MY HEARING
SIGNATURE OF INMATE:
DATE AND TIME DELIVERED: 9/11/23e
OFFICER NOTIFYING: Suple 3373

Comal County Sheriff's Office Corrections Division Inmate Grievance



To Inmate: JARMON, ERSALA

SO #: 650979

Cell#: A5-1

From: SGT. EBERT #3347

Grievance: 621

Indicated grievance that applies:

X	If you have been subject to a breach of any civil right	X	If you have been subject to any criminal act	X	If you have been subject to a prohibited act by any staff member
	If you have been subject to a denial of privileges		Filing an appeal to Grievance #:		

Your grievance has been turned in and is being looked into. As stated in the Comal County Inmate Rule Book you will receive a written interim response within FIFTEEN (15) days. This is your interim response. You will be provided a final written response within SIXTY (60) days of receipt of your grievance.

Sqt Gul 3340 Jell Ulssyn Officer answering grievance	374> Badge #	9 - کړ - که کې Date
Officer giving form	Badge #	Date
Inmate receiving form	 SPN	 Date

PLEASE RETURN TO ADMIN SERGEANT



COMAL COUNTY SHERIFF'S OFFICE

INMATE GRIEVANCE

OPW

COMPLETED BY: SGT EBERT #3347

INMATE: JARMON, ERSALA SPN# 650979 CELL# A5-1

DATE: 10-12-2023

GRIEVANCE #621

Your grievance has been received and reviewed. Once receiving your issued grievance on Sept. 22, 2023 it was discovered that you provided dates of the incident that exceed the seven(7) day reporting requirement for submitting grievances. Your initial grievance request concerning this incident was signed for and collected on Sept. 20, 2023. The dates provided in your issued grievance for the incident you are reporting were listed as either Sept. 9, 2023 or Sept 10, 2023. Both of these dates exceed the seven day reporting period as outlined in the Comal County Inmate Hand Book that all inmates have access to. In addition, the incident you reported did not place you in harms way or result in any loss of privilege. Given the above listed facts this grievance will not be investigated further.

Grievance Board Member

Cal Massac Board Member

DATE

10-12-2023

Grievance Board Member

DATE

10-12-2023

Grievance Board Member

DATE

Inmate Receiving

DATE

PLEASE RETURN TO ADMIN SGT.

COMAL COUNTY SHERIFF'S OFFICE CORRECTIONS DIVISION INMATE GRIEVANCE

To: Administrative Sergeant

From:	Ersala Jamon		SPN#: 1650979 Ce	II. A	51
	9-22-2	2	Date Confined: 7-12	No. of Contract	22
Date Fi	led: 1 2 2 2		Date Confined:	- 00	(+)
Indicat	e grievance that applies:				
X	If you have been subject to a breach of any civil right.	X	If you have been subject to any criminal act.	X	If you have been subject to a prohibited act by any staff member.
	If you have been subject to a denial of privileges.		Filing an appeal to grievance #		
			nses for all grievances within a hission of any false statements of		
Print o	write legible. Include all date	s, times,	and names of person involved, STATEMENT	includi	ng witnesses it necessary.
I wish t	o file a grievance; I verify that i	my state	ment is true and correct to the l	oest of	my knowledge and belief.
On	Leptember qui	01/	on a was law	are	in all bank
10 1	154 Million Ma	hllo	walked in with	170	DeRober
bol	the wholesubsta	inde	in it (hoch) as	00	skerliege
100	smine il was	s at	and and	IM	pod up and
bul	him "ho, wh	2101	in dot that the	SM	· le seption
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MIL	prohis hands	on-n	no when so he	¥0.	NO Orders 4
did	Nothing warm	1.6	rund for harns	SAY	at him + his homes
ININAAT	E SIGNATURE:	M	IMEN		0
INIVIAI	E SIGNATURE:	Tel	01001		-
Officer	picking up grievance:	5621	3340 3744 3747 Date	grieva	nce picked up: $9-17-1073$
					Page of

Inmate Incident # N/A

Booking Number: 370812



Inmate Information

Name:

Gender:

JARMON, ERSALA DONTA

Date of Birth:

08/21/1978

Female

SO Number:

Social Security:

Race: Black 467431178

Driver's License:

Incident Information

Date:

08/22/2023

Time:

5:13 PM

Badge #: Officer Name: 3395

Violation Type:

PEREZ, G.

Incident Type:

Major

DISRUPTION OF ANY INSTITUTIONAL ACTIVITY

Evidence:

INCITING A FIGHT. REFUSAL TO FOLLOW WRITTEN OR ORAL DIRECTIVES

Party

JARMON, ERSALA

Inmate

Connection

Violations

DONTA

Hearing Information

Date:

09/15/2023

Time:

9:00 AM

Badge #:

3347

Officer Name:

EBERT, GARY

Location:

B POD MULTI

Party

EBERT, GARY

Schmidt, Dorian E CAMPBELL, J

JARMON, ERSALA

Connection

Hearing Officer Hearing Officer Hearing Officer

Inmate

DONTA

Minutes Information

Date:

09/15/2023

Badge #:

3383

Officer Name:

Schmidt, Dorian E

Start: Result: 10:07 AM

You committed the above prohibited act

Comment:

INMATE FOUND GUILTY. SANCTIONS BEGIN 9-15-2023 ENDIN 9-21-2023

Minutes:

INMATE PLEADS NOT GUILTY. INMATE STATES A HAIR WAS IN HER FOOD WHEN TRAYS WERE BEING PASSED. INMATE STATES ANOTHER INMATE SAID. SOMETHING AND WAS TOLD TO NOT SHARE HER PERSONAL ISSUES WITH THE POD. INMATE STATES OTHER INMATES BEGAN TO "CHIME IN" AND BEGAN TO ARGUE WITH HER OVER POD ISSUES. INMATE FOUND GUILTY OF DISRUPTION OF ANY INSTITUTIONAL ACTIVITY AND INSUFFICIENT EVIDENCE

ON INCITING A FIGHT AND REFUSAL TO FOLLOW WRITTEN OR ORAL DIRECTIVES. SANCTIONS IMPOSED: 7 DAYS NO COMMISSARY, 7 DAYS NO VISITATION (VIDEO/ IN PERSON).













Cathy S. Compton, Attorney at Law

Compassionate Approach | Serious Representation | TBLS Board certified in Criminal Law

September 19, 2023

Ersala Jarmon, SO#650979 Comal County Jail 3000 IH 35 South New Braunfels, TX 78130

Dear Ersala,

I am writing to let you know that even though you did not go to court (they said they could not transport you due to a fight), I am working on your case and have asked the DA's office to give it a look to see if we can resolve the case quickly. I will not be meeting with you until I have something more to tell you and if I don't have anything more to report before then, I will see you at the next court setting we have. In the meantime, please do not make multiple requests for visits. I know that you would like to have a visit, and I will see you as quickly as possible once I have something new to discuss with you.

Sincerely,

PO Box 12388 | San Antonio, Texas 78212

TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR Brandon S. Wood



P.O. Box 12985 Austin, Texas 78711 Voice: (512) 463-5505 Fax: (512) 463-3185 http://www.tcjs.state.tx.us info@tcjs.state.tx.us

November 3, 2023

Ersala Jarmon #650979 300 IH 35 S New Braunfels, TX 78130

Dear Ms. Jarmon,

Your letter regarding the Comal County Jail was received. After a thorough investigation it appears that no violation of minimum jail standards has occurred.

You allege you were denied emergency medical treatment for a dental issue. After speaking with senior jail staff, and reviewing provided documentation, your medical requests are being answered in a timely manner and received treatment for your dental issues. The Texas Commission on Jail Standards does not question the professional opinion of medical personnel. If you believe that the treatment you received is not appropriate, you must direct these matters to the facility medical staff.

You allege inmates do not have access to medications provided by previous counties. This is not a violation of minimum jail standards. Each facility has a health plan approved by the Commission. Each facility has a health care provider that reviews, prescribes, and approves medications.

You allege you are not provided soap, shampoo, toothpaste, and floss as needed. After speaking with senior jail staff, and reviewing provided documentation, soap, toothpaste, and toothbrushes are provided once a week by the facility, and soap is available upon request. Other items are available for purchase from commissary.

You allege you are not provided with undergarments. The facility does not provide those as standard facility clothing and are available for purchase from their commissary vendor. This does not violate minimum jail standards.

You allege there is green algae in the shower and the air vents are dirty in your housing area. After speaking with senior jail staff, and reviewing provided documentation,

Judge Bill Stoudt, Longview, Chair Dr. Esmaeil Porsa, M.D., Houston, Vice-Chair Ross Reyes, Melissa Sheriff Kelly Rowe, Lubbock Sheriff Raul "Pinky" Gonzales, Refugio Patricia M. Anthony, Garland Commissioner Ben Perry, Waco Duane Lock, Southlake Monica McBride, Alpine

TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR Brandon S. Wood



P.O. Box 12985
Austin, Texas 78711
Voice: (512) 463-5505
Fax: (512) 463-3185
http://www.tcjs.state.tx.us
info@tcjs.state.tx.us

inmates are provided with cleaning supplies on a daily basis and are responsible for cleaning their housing area. Officers have stronger cleaning chemicals available for shower areas when needed. Your medical records indicate you requested an inhaler due to maintenance cleaning the air vents.

You allege the jail only launders their inmate clothing once a week. This is within minimum jail standards.

You allege blankets are only cleaned once every three months. This is within minimum jail standards.

The issues you have regarding lighting in the housing areas, and the steps on the bunks are part of construction approved by the Commission.

This complaint is closed. Should you decide to appeal, all appeals must be received within 30 days after the complaint is closed. <u>Additional new information must be submitted to warrant the case being re-opened</u>. We will continue to monitor Comal County for compliance.

Respectfully,

Jason Davis

Complaint Inspector

Texas Commission on Jail Standards

COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: E CSOLO	Virmin	CELL: FLO L
PURPOSE OF FORM: (CHECK	ONLY ONE) SPN #: (5099	19
TOTAL OSE OF TOTAL CENTER	OHE! OHE	
1. REQUEST	2. GRIEVANCE 3. MEDICAL	4. OTHER
REASON FOR REQUEST/GRIE	EVANCE/MEDICAL/OR OTHER (BE SPECIFIC UNLESS MEDICAL)	
REASON FOR REGOEST/ GRIE		his and Millie Officer Peras
el ful like	I am pling harassed	of an 1910 or reterior
10 going out)	her way to mars with me.	The well the met my want
while to was a	t court. he nade the flist the	Le Uneforma South ON over My
T-Shirt because	a gent have a sign of it a	in regues to allar a pre
a pra should	no provided of and have los	repaid asues in the fast
She stores and	reason ber Perz to be hallass	and have every sine She passes my we
Shala Jan	mon x116/43	334
INMATE SIGNATURE	DATE/TIME JA	ILER SIGNATURE & BADGE # DATE/TIME
INMATE SIGNATURE	DATE/TIME JA	ILER SIGNATURE & BADGE # DATE/TIME
	DATE/TIME JA s have the right to search yo	08/16/23
\mathcal{C}		08/16/23
RESPONSE: Officer	s have the right to search yo	un belongings for 08/16/23
RESPONSE: Officer		un belongings for 08/16/23
RESPONSE: Officer	s have the right to search yo	un belongings for 08/16/23 ranna but coverage is
RESPONSE: Officer	Thave the right to search you you are not required to wea	un belongings for 08/14/23 + a n-a, but coverage is bras off commissacy.
RESPONSE: Officer	Thave the right to search you you are not required to wea	un belongings for 08/14/23 ran-a but coverage is bras off commissacy.
RESPONSE: Officer	Thave the right to search you you are not required to wea	un belongings for 08/14/23
RESPONSE: Officer	s have the right to search you you are not required to weap ormended. You can purchase	un belongings for 08/14/23 + a n-a, but coverage is bras off commissacy.

Case 5:24-cv-00218-XR Document 1 Filed 02/29/24 Page 19 of 51

COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: RSala	Jarmon		CELL:	A6'
PURPOSE OF FORM: (CHECK C	ONLY ONE)	SPN #: (50097	4	
_	"Therefore you want to be a second			
1. REQUEST	2. GRIEVANCE	3. MEDICAL	4. OTHER	
REASON FOR REQUEST/GRIEN	VANCE/MEDICAL/OR OTH	ER (BE SPECIFIC UNLESS MEDI	CALLY CONFIDENTIAL) NO PROF	ANITY
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Tinto mil com	+ take my	budens. He on	14 GStel 10000 +	hey no wone
She told me the	cot il amorbin 4	get pugthing ha	Arted down to me	maria land
must already left	But she lot me	not atherto	Thomas inmo	te in her laco
Trum 1 throw F 11	eas mothing her	5 52 this 15 shill a	a from of hARRASI	went to
1 - 1 - 1 - 400	2 / /2/10/10	3	91 3/11/200	23 1931
11 Colly Collector				
INMATE SIGNATURE	DAT	E/TIME JAIL	ER SIGNATURE & BADGE #	DATE/TIME
INMATE SIGNATURE	11 1 1 6		and the same	DATE/TIME +
11+ Seems as	11 1 1 6	E/TIME JAIL CONS MENTION OF THE	and the same	
INMATE SIGNATURE 1 Seems as RESPONSE: U O (CS)	11 1 1 6		and the same	
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Case 5:24-cv-00218-XR Document 1 Filed 02/29/24 Page 20 of 51

COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: CVSQ Q DOVMON	CELL:	6
PURPOSE OF FORM: (CHECK ONLY ONE) SPN #:	3979	
PORPOSE OF FORMI. (CITEOR ONE)		
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

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Yellow-Response to inmate request

Pink-Original inmate copy

White-Inmate file when completed

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

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NAME:	ONE) SPN #:	80979	A-11-27 & 11-11-11-11-11-11-11-11-11-11-11-11-11-
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Yellow-Response to inmate request

Pink-Original inmate copy

White-Inmate file when completed

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: CYSOLO DIVINO	7	CELL:	H5'
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

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NAME: (SOLI)	DONOVION		NI 7A		CELL: 1H	
PURPOSE OF FORM: (CH		SPN #: 05	09.19			
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: Ersala	Jaconso	CELL:/	141
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	COMAL CO	UNTY JAIL - REQUEST/GI	RIEVANCE		
	(0	NLY ONE REQUEST PER FORM)		
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NAME: EROLLO	armon	,		CELL:	H4.
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yould farmon	12/02/23		3321
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RESPONSE: One	lequest pur	Ferm	
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INMATE SIGNATURE DATE/TIME

JAILER SIGNATURE & BADGE #

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Yellow-Response to inmate request

White-Inmate file when completed

Pink-Original inmate copy

Case 5:24-cv-00218-XR Document 1 Filed 02/29/24 Page 28 of 51) Lut Count

COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

NAME: 718000 JORMOY		CELL:	A41
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	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
RESPONSE: Mrs Jarman			
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: CYSQLQ Jarn	100		CELL: Add
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PURPOSE OF FORM: (CHECK ONLY ONE)	SPN #:	00919 4	My God is G	and All the
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

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	DAT	E/TIME	JAILER SIGNATURE & BAC	DGE # DATE/TIN	ME
	DAT	E/TIME	JAILER SIGNATURE & BAD	DGE # DATE/TIN	ME
	DAT	E/TIME	JAILER SIGNATURE & BAD	DGE # DATE/TIN	ME
	2/3/10	3			*
	2/3/10	S	JAILER SIGNATURE & BAD		*

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: Ersola Jarmon	CELL: #15
PURPOSE OF FORM: (CHECK ONLY ONE) SPN	#: 150 979
1. REQUEST 2. GRIEVANCE	3. MEDICAL 4. OTHER
REASON FOR REQUEST/GRIEVANCE/MEDICAL/OR OTHER (BE S	PECIFIC UNLESS MEDICALLY CONFIDENTIAL) NO PROFANITY
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Talts lid in don't mistreated to	It down be about the not opply a an order
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from that of the area at thomas But &	The t Madisne of Prinz East 110 + + Sat In
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devised and also to d to sop out	ny in gracumes or them light to get them in
a call (Jumon 9/12/23	111/332 9-12-23
INMATE SIGNATURE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME
RESPONSE:	
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Lien	SPECIFIC KOMPLAIST
	-TYC 1787
- agreement	
< 1/1 - 1 - 1	
16 (m = 1/1) /1)	14/3355 9-12-23
TURE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME
ite-Inmate file when completed Yello	w-Response to inmate request Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: Ersala Jarmon		CELL:	KO 41
PURPOSE OF FORM: (CHECK ONLY ONE	SPN #:(50979	
1. REQUEST	2. GRIEVANCE 3. ME	DICAL4. OTHER	
REASON FOR REQUEST/GRIEVANCE/M	MEDICAL/OR OTHER (BE SPECIFIC	UNLESS MEDICALLY CONFIDENTIAL) NO PRO	DFANITY
		black women were wrote u	
the WRITE-ITP's and latter	A CAMPAGE A SECOND TO		e charges office
Perez made against me ar	nd I have continuous	u put in GRIEVANCES about h	er targeting us
	also that I had con		e senaration
	the should have been	written in for illegal activity	I was refused
the ability to attend my co	ourt proceeding 4The	above incident cardsed me to	have an office
harshly out his hands ov	me in a violent une	cessary way, despite my to	nowing progers.
Cersull Sky	9.17.23	2 3-10mlz 3-121 0	1/17/25 2148
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
RESPONSE: D You I do a world to	DATE/TIME		DATE/TIME
RESPONSED You work with	^		DATE/TIME
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RESPONSED You was written	is owed to you	lugger t in the incidente to	DATE/TIME ARAJANATION AL CONTRACTOR AL CONTRACTOR AL
RESPONSED You was writed a	is owned to you.	lugger t in the incidente to	DATE/TIME ANGLOS ANGLO
RESPONSED You was writed a	is owned to you.	lugger t in the incidente to	DATE/TIME Discoption of Goldensend 9-18-2023
RESPONSED You was writed a	is owned to you.	Dyor warm found grilder of	applemention of
RESPONSED You was writed a	is owned to you.	Dyor warm found grilder of	applemention of
RESPONSED You with a written and any any and a land any and any and a land a land and a land a la	a distributed As	John San Family avidant to Mo Listing (1) 24 - 18 (9) Already Sat Caset 747	Alleration of allerand. 9-18-2023 1330
RESPONSED You was writed a	DATE/TIME	Dyor warm found grilder of	application of

Case 5:24-cv-00218-XR Document 1 Filed 02/29/24 Page 34 of 51

COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: EVSULO DIMON	CELL: A5 /	
PURPOSE OF FORM: (CHECK ONLY ONE) SPN #:)9.79	
1. REQUEST 2. GRIEVANCE 3. MEDICAL	4. OTHER	
REASON FOR REQUEST/GRIEVANCE/MEDICAL/OR OTHER (BE SPECIFIC UNLE	SS MEDICALLY CONFIDENTIAL) NO PROFANITY	
separations from multiple inmates, I have	had no other reasons or caused	
and disruptions for separation status for	a hinne. This riggel me to me roget in	Cour
raines & was a talker . It trake down to a mile a	Goodby those his hands on Me Anning from a	1
I man that me to the dometry violant tiples volum	e wasn't 1841 I followed all reders on the	diasi
THE WILL AS DEVICE WHEN THE TENENT TO THE STATE OF THE ST	The property of the second	
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	und 11	Part I
Enzila 9(118/23	MIL 358 9-19-2	25
INMATE SIGNATURE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME	
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RESPONSE:		-
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410	35 4	13
Galle h	(60000000000000000000000000000000000000	3
INMATE SIGNATURE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME	1
White-Inmate file when completed Yellow-Response to it	nmate request Pink-Original inmate copy	

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: ZYSA (Q.) A/MYD	CELL: HO
PURPOSE OF FORM: (CHECK ONLY ONE) SPN #:	50979
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1. REQUEST 2. GRIEVANCE 3. MEI	
REASON FOR REQUEST/GRIEVANCE/MEDICAL, OR OTHER (BE SPECIFIC	UNLESS MEDICALLY CONFIDENTIAL) <u>NO PROFANITY</u>
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+ 1000 man + want for the 1950 not you	in to me to ling we to that and
Hums D.K. IKE ALLESS IN THE	the first the transfer of the Artist and the contract of the contract of the
G Esle Jano (9/19/23	Yen 389 9/26 1200
INMATE SIGNATURE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME
RESPONSE:	
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the state of the s	The second secon
	Bt Gartner
VOI.	9-20-2013
	Set let Now Stilleton 9-200)
RE DATE/TIME	JAILER SIGNATURE & BADGE # DATE/TIME
	se to inmate request Pink-Original inmate copy
The state of the s	

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: (ISAIA \among \mong)		1	CELL:
PURPOSE OF FORM: (CHECK ONLY ONE)	SPN #:	0509 19	
	W.		
		MEDICAL4. OTHER	
REASON FOR REQUEST/GRIEVANCE/MEDI	CAL/OR OTHER (BE SPECI	FIC UNLESS MEDICALLY CONFIDEN	TIAL) NO PROFANITY
All 1, 295 An Lawster that hick	action to me within	the spling of A lank NO wide	. How bustone was truck To
roman shed or ve + thro one causar 1+	+ hours - File, but is	Think I was soprediction or	4 front of votas bearing I
retosing a worl on black lade	y but in special mill c	out into restaunt chair. I've	ric taling 1910, Tolont the homeson
ever asked Normal of us any gipstions a	Hall 1184 Hone and	a woman of post domesticu	Memor Hon+ agree of a mail tous
mo a alliuniess there was no sound	carthat hope I tollor	netories twins in ampliano	I have been less 1's months.
ions ready to be done with my	KINE KICH HOW COM	in which the shipping of the state of the st	Statem Albert Bereit de Monte de Man
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7 444 /		THE STATE OF THE S	DADGE II DATE TIME
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE &	BADGE # DATE/TIME
		JAILER SIGNATURE &	BADGE # DATE/TIME
RESPONSE: What is your		JAILER SIGNATURE &	BADGE # DATE/TIME
		JAILER SIGNATURE &	BADGE # DATE/TIME
		JAILER SIGNATURE &	BADGE # DATE/TIME
			BADGE # DATE/TIME
	question?	JAILER SIGNATURE &	BADGE # DATE/TIME
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	question?		BADGE # DATE/TIME
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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

MANE PROVIDE VICE	m		CELL: A5
PURPOSE OF FORM: (CHECK ONLY ONLY	E) SPN #:	0 1979	CLLL:
	2. GRIEVANCE 3. ME	DICAL 4. OTHER	
1. REQUEST2	GRIEVAINCE 3. IVIE	DICAL 4. OTTEN	
REASON FOR REQUEST/GRIEVANCE/M	MEDICAL/OR OTHER (BE SPECIFIC	UNLESS MEDICALLY CONFIDEN	TIAL) NO PROFANITY
This arievance is to a		ary actions taken	against me and 2
other inmates who we	re racially targeted	d and treated wro	notully; we were not
even the oursons who s	tarted the disturbe	ance, buying, sellin	nal or attempting to
obtain someone else's	medication, nor w	ere we retusing to	follow any officer's
verbal orders. The ne	ave of a anevance	overseer to tell	in inmate that it
911	1.1.	411 1	
Cary a More	4/19/25	MINA	378 9-19-25
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE &	BADGE # DATE/TIME
RESPONSE:		/	
William Market Market	Lapon was a grant of Ballon	a policy of the same of the sa	
7///	1 1/1/1/1	71/20	Charles And with a street and the second
	0 10000	12	
	. 01	2 1	
	01/11	111/	
	TOU	W	3321
			091973
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE &	BADGE # DATE/TIME
White-Inmate fi	ile when completed Yellow-Respor	ise to inmate request Pink-Origin	al inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

100 Jan 15 Jan 100 Jan	non		CELL: A5
	SPN #: (C	5/1999	CELL.
PURPOSE OF FORM: (CHECK ONLY ONE)		ICAL 4. OTHER	
1. REQUEST2.	GRIEVANCE 3. MED	ICAL 4. OTHER	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
REASON FOR REQUEST/GRIEVANCE/ME			NO PROFANITY
phot my concern that	another inmate	who directly started	a the disturbance
not be Held accountable	ale for the entire	orgument in the -	first place is a
arievous miscarriage	of justice. Espec	ially since it has co	oused major
reprecussions for peay	ole who were not	in violation of an	, written or verlocal
regulations to be del	hied court due to	separation issues	placed in
2/2	011-	A	
(504 Un	9/19/23	MM 1334	9-19-23
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BAD	GE# DATE/TIME
	4	V	
RESPONSE:			
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- 1111	KUIKOI	11 1111	#1116/1624
- 1/12	1000		4000 0019
0.			and the second s
1		2	3321
Tail a		f / / f	2 09/923
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BAD	GE # DATE/TIME
White-Inmate file	when completed Yellow-Respons	e to inmate request Pink-Original inm	ate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

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	mon	1,000	CELL:	113
PURPOSE OF FORM: (CHECK ONLY ONE		Secretary and the second secon		
1. REQUEST2	. GRIEVANCE	3. MEDICAL	4. OTHER	
REASON FOR REQUEST/GRIEVANCE/M	IEDICAL/OR OTHER (BE SE	ECIFIC UNLESS MEDICAL	LY CONFIDENTIAL) NO PROF	ANITY
isolation for 2 wee	ks time with	nout even be	ing written up	TIOT UNTI
much later, Another	inmote was pl	aced in a rest	ratint chair an	d I have
been reset in court	due to a Sepa	ration/classifi	cation issue as	s a direct
result of my being w	ronofully accus	ed of being in	roived in a distri	uption
And the other investe	WHO IS SPORT	atton classific	ation with me in	as several
	11/			A
11/1/1	alula	7 1/4/		
Cosale Jan	1/19/2	9 July	2518	9-17-12
INMATE SIGNATURE	DATE/TIME	JAILER S	SIGNATURE & BADGE #	DATE/TIME
				4/11
RESPONSE:				W
	n Anna	and the second		A STATE OF THE STA
[11/1]	11/1/1/1/1	101)7) / 1-10 N	16/1
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11/14	10090	0119	LOC WINE	' (
	U	1 1 1		war to the
G			73	-091923
6911 61		RE-	7	2221
INMATE SIGNATURE	DATE/TIME	JAILER S	SIGNATURE & BADGE #	DATE/TIME

Yellow-Response to inmate request

White-Inmate file when completed

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

NAME: Escala Janmon) = ,		CELL: AS IN W	
PURPOSE OF FORM: (CHECK ONLY ONE)	(SPN #: (0) C	779		
1. REQUEST2. GRIEVAN	ICE 3. MEDICAL	4. OTHER		
REASON FOR REQUEST/GRIEVANCE/MEDICAL/O	R OTHER (BE SPECIFIC UNLI	ESS MEDICALLY CONFIDENTIAL	NO PROFANITY	
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provided of pocitoff a baght	to the and	1419 meds m	ACCEPTATION OF THE	
(INITY HAR BUSH 1/2	minter /hut/	rok but on the	1 Marreguarie	G ev
	/	212		
909 G Chara 4021	23	11)4(20)	7:61.7	3
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BAD	GE # DATE/TIME	
RESPONSE: The isil place and	determine "	1-2 ass to (a)	into you man	
taka that issue up u	Joh ha con	to we do a	at at 95 hall	CA
Taketo End secretty d	100	And I was a second		
	CCTFOLL WELLE	LINON COWET IL	made had alleman	
handling insidents in the	. " /	UNON CONFT FL	hadeling leben	
		Jak 69	be- 1 3247	
			62- / 3347 br- 2033	
		JG1 69		
		JG1 69		

Yellow-Response to inmate request

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: CISQLQ Varmon			CELL: A5
PURPOSE OF FORM: (CHECK ONLY ONE)	SPN #: (509	179	
1. REQUEST 2. GRIEVAN		4. OTHER	
1. REQUEST 2. GIRE VAIV	<u> </u>		1
REASON FOR REQUEST/GRIEVANCE/MEDICAL/O	R OTHER (BE SPECIFIC UNLESS	MEDICALLY CONFIDENTIA	AL) <u>NO PROFANITY</u>
CASHILLO DUT his hands ON MC	to push me into ne	y cell with hote	nul hands on the bans
+ DINASO + MOVING + WASO + a	ny threat. I tollo	bodall instruct	ions which the last wi
to keep My hands on the hape the	ex not suppose to	truch ME AT A	1) hopenise I refused to
sign a blais up ite up from Pere	7 who is constant	, harassiname.	I don + he i are that
any of any agreements where to	uned in person to	ins sighted by	the officers in ustoured
Perez Castilia, Compos Saut	+, My pod witness	sed the whole this	19 I clid nothing terroux.
9 sha Duramon 3/6	05723	Sil	5761 8175/83
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BA	ADGE # DATE/TIME
RESPONSE: I have reviewed	this incodent.	You were as	1 pushad by
graha involved house	the response	acqualting bl	is theident from
64 House of 8:25. 2023	is accorde. A	y office as	y places their
hands on any inmake we	is is boing hor	· coapliant.	
		Set 6 Sport 370	7 8-29-2013
6 / 1	hha	11/1	
yould how bl.	20/03	W/1 98	73578 8-20-23
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BA	ADGE # DATE/TIME
White Inmate file when com	nleted Vellow-Resnonse to inm	ate request Pink-Original i	nmate conv

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

a	(ONLY ONE	REQUEST PER FORM)	1
Ganala \			151
NAME: CRSCICI	JOHNOP	CELL:	NU
PURPOSE OF FORM: (CHECK ONLY C			
1. REQUEST	2. GRIEVANCE3	3. MEDICAL 4. OTHER	Lil books.
DEASON FOR REQUEST/GRIEVANCE	MEDICAL OR OTHER (RESPE	CIFIC UNLESS MEDICALLY CONFIDENTIAL) NO PROF	PANITY
REASON FOR REQUEST/GRIEVAINCE	MICHALION OTHER (BE SPE	OIT ALS PURA CONTINUARIA MARCIA TANDO	Tonn to make
An Monough Mar In	nt Starta I an A	vallament exite breato trateo	Hab about 99
proma information be	Cause I tortano	APRIDMATE NOT to get in the	outro Selling h
IIS. DEMPLO NOTHINA	about to whow	with 1914 (alled his 14 (Onto	Thur Metellin
h hersolf, Derez House	Stike out whom:	Startal all the mess + brought	hersback in the
have noved me out :	Educin's Shart Curu	on + Question Mesher rought me	a write up,
Ensala Danmon	8/85/83	2 3261	ste 6/23
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	on 178-25.	1-17.	
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7 selles I come	0/50/3	111/2 973378	8-30-7-3
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME

Yellow-Response to inmate request

White-Inmate file when completed

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME ISONO Jamo	\sim	1-000		CELL:	45"
PURPOSE OF FORM: (CHECK ONLY ONE	SPN #:	O2717			
		. MEDICAL	4. OTHER		
REASON FOR REQUEST/GRIEVANCE/M	IEDICAL/OR OTHER (BE SPE	CIFIC UNLESS MEDICA	ALLY CONFIDENTIAL) NO PROFANI	<u>TY</u>
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THE DRIVING I told &	the inmitedo	n+ get intra	Suble 581/11	OU MPK	DIASIT has
NONOP, had issues with	any inmates	the behing o	Alhas +9	nova	I me and
majas Ne ounce who the r	ne 40. She a	110000 all	the inmat	es involu	od with the
buy, sell, te ade of Pi	11s to, remoun	in the trank	(.Constant	narmssr	nent 3
		The state of the s	THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH. LANSING, P. LEWIS CO., LANSING, P. LEWIS		57 1612 175
a sell Jamon	31.25/0-	5		2264	01661
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	DATE/TIME	JAILEI	R SIGNATURE & BAD	OGE#	DATE/TIME
INMATE SIGNATURE RESPONSE:	DATE/TIME	JAILEI	R SIGNATURE & BAD	OGE#	DATE/TIME
	DATE/TIME	JAILEI	R SIGNATURE & BAC	OGE#	DATE/TIME
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(ONLY ONE REQUEST PER FORM)

NAME: CRSQ/g JORN	mon 1/5	CELL:	A50
PURPOSE OF FORM: (CHECK ONLY ONE)	SPN #:	07.79	
	GRIEVANCE 3. MEDIO	CAL4. OTHER	
REASON FOR REQUEST/GRIEVANCE/ME	DICAL/OR OTHER (BE SPECIFIC U	NLESS MEDICALLY CONFIDENTIAL) NO PRO	PEANITY
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inmate withers him	being joyne like	M. Satt Cana in Dal	+ N AB TOWN
to be HUDSSIR WI	to MIL DH A ANX	MUNICIPAL REASON CUNT	the topole
DOD WOLFDYSSELVEY	HOT UND TWO	1/11/20 to levenossibss;	I non 45 500
to Chal Brink he	niso this have	Assment is continuo	+ Anthina being a
LICIA INTIL	Car III	11 3 1 Carl Cl Lindson	11001.10
T. J. Originion	20000	3314	8194123
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
INMATE SIGNATURE RESPONSE: LICAL STATE S	DATE/TIME	idillo has stride be	DATE/TIME Addressed
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	involving of C	Set CSON 7950	
	involving of C	of the hose streets he	
	involving of C	Set CSON 7950	

Yellow-Response to inmate request

White-Inmate file when completed

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: Ersala Jan	mon	CE	iii: A54
PURPOSE OF FORM: (CHECK ONLY	ONE) SPN #:	50979	
1. REQUEST		DICAL 4. OTHER	
REASON FOR REQUEST/GRIEVANC	E/MEDICAL/OR OTHER (BE SPECIFIC	UNLESS MEDICALLY CONFIDENTIAL) NO	PROFANITY
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was Not the ARD IN +	- Was signed by the	ithdens de alle My en	hoo polis con 1/h
to be a watness to u	shoot happen I gu	n being harrised.	Jolis trying has hely
ansula Jamon	8/25/23	52 83h	4 8/25/27
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
RESPONSE:			A second
100	Sustificate Buch	Let best and a	Turt Lou,
A semi-survival training to the semi-	The state of the s		
A STATE OF THE STA			
		Jet Cap. A 73	24)
		V-70-2023	
$C \cap \Omega$		1)	
Lisala Chan	× X/31/23	HAMM/3395	18/31/23
INMATE SIGNATURE	DATE/TIME	JAILER SIGNATURE & BADGE #	DATE/TIME
White-Inma	ate file when completed Yellow-Respo	nse to inmate request Pink-Original inmate of	ору

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

NAME: Ersala Janne	n	CELL: /	4/59
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	COMAL COUNTY JAIL - R	EQUEST/GRIEVANCE	(2N)
	(ONLY ONE REQUE		COP!
NAME: ROUEST	han .	50979	CELL: <u>A54</u>
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Yellow-Response to inmate request

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

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Yellow-Response to inmate request

Pink-Original inmate copy

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Yellow-Response to inmate request

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

(ONLY ONE REQUEST PER FORM)

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Yellow-Response to inmate request

Pink-Original inmate copy

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COMAL COUNTY JAIL - REQUEST/GRIEVANCE

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